U S Department of Labor Office of Labor Management Standards Washington DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No 1215 0188 Expires 11 30 2006

This report is mandatory under P.L. 86-257 as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.

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1 File Number U 9605

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

2 Fiscal Year Covered From

Street 10134 CONWAY LD Street 305 E WALNUT City ST LOUIS PO Box Building and Room Number if any SUITE 23 Street 305 E WALNUT City ST LOUIS		1/104 Through 12/3/104
PO Box Bildg Room No if any Street TO 13 4 CONWOULD Street 305 E WALNUT City ST LOUIS State MO ZIP Code +4 68 184 State MD ZIP Code +4 68 184 State MD ZIP Code +4 65 80 5 Position in labor organization Enter appropriate data below if during the past flacal year you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions) A. Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent 6 Name and address of Employer (including trade name if any) Name Trade Name if any PO Box Bildg Room No if any To Amount	3 Name and address of person filing	4 Name file number and address of labor organization
Street TOI34 CONWAY LD Street TOI34 CONWAY LD City ST LOUIS State MO ZIP Code + 4 68 134 State M.D ZIP Code + 4 65 134 Stat	Name FRAN RILEY	Name COM MUNKATIONS WORKERS OF Labor Organization File Number 1036 073
City ST LOUIS State MO ZIP Code + 4 66 1 AH State MO ZIP C	PO Box Bldg Room No If any	PO Box Building and Room Number if any SUITE 226
State MO ZIP Code + 4 68 124	i l	<u> </u>
Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions) A. Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent 6. Name and address of Employer (including trade name if any) Name Trade Name if any P.O. Box Bidg. Room No. if any To Arnount 7. b. Arnount	City ST LOUIS	city SPRINGFIELD
Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions) A. Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent 6. Name and address of Employer (including trade name if any) Name Trade Name if any P.O. Box Bidg. Room No. if any Street i City	State 7 ZIP Code + 4 6 3 1 3 H	State 100 ZIP Code + 4 65806
Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions) A. Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent 6. Name and address of Employer (including trade name if any) Name Trade Name if any P.O. Box Bidg. Room No. if any T. b. Armount 7. b. Armount	5 Position in labor organization Secretary	TREASUREL
monetary value from an employer whose employees your organization represents or is actively seeking to represent 6 Name and address of Employer (including trade name if any) Name Trade Name if any P O Box Bidg Room No if any Street City	Enter appropriate data below if during the past fiscal year you or your s	pouse or minor child directly or indirectly had any of the following interests
Name Trade Name if any P O Box Bidg Room No if any Street City	A. Held an interest in engaged in transactions (including loans) with monetary value from an employer whose employees your organization.	or derived income or other economic benefit of ation represents or is actively seeking to represent
P O Box Bldg Room No If any Street City	6 Name and address of Employer (including trade name if any)	7 a Nature of Interest Transaction or Income
P O Box Bldg Room No If any The Amount City	Name	
7 b Amount Street City	Trade Name if any	
City	PO Box Bldg Room No If any	7 b Amount
	Street f	
State ZIP Code + 4	City	
	State ZIP Code + 4	
Signature		
15 Signature and verification. The undersigned declares under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the		

ZIP Code + 4

B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested 8 Name and address of Business (including trade name if any) 9 Business deals with Name a Labor Organization Trade Name If any b Trust P O Box Bldg Room No If any c Employer Street City ZIP Code + 4 State 11 a Nature of such dealing 10 If 9 b or 9 c is checked give trust or employer's name Name Trade Name if any PO Box Bldg Room No If any Street 11 b Approximate dollar value of such dealing City 12 a Nature of interest held or income received

C Received from any employer (or from any labor relations consultant to		
13 a Name and address or Employer or Labor Relations Consulta է և (including trade name if any)		14 a Nature of navment
Name		
Trade Name If any	- O	NA
PO Box Bldg Room No If any	U_{λ_1}	
Street	·	
City		
State	ZIP Code + 4	
13 b is the Business an Employer	or Consultant ?	14 b Amount of payment

12 b Amount

State